

Date Stamp **FPPC Form 497(June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

2/2

NAME OF FILER  
Republican Party of Sacramento County

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

910414

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of  
This Filing

Report No.

☐ Amendment  
to Report No.  
(explain below)

No. of Pages

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**JAN 24 2008**

**DEBRA BOWEN**  
Secretary of State

2 / 2

**CALIFORNIA FORM 497**  
For Official Use Only

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
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Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

MISC

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Amounts may be rounded to whole dollars.

1 of 2

<b>NAME OF FILER</b> Ventura County Republican Party		<b>Date of This Filing</b> 01/23/2008	<b>RECEIVED AND FILED</b> Date Stamp in the office of the Secretary of State of the State of California <b>497</b> For Official Use Only JAN 24 2008 <b>DEBRA BOWEN</b> Secretary of State 1/2 R/L RA
<b>AREA CODE/PHONE NUMBER</b> (805) 557-1240	<b>I.D. NUMBER (if applicable)</b> 742080	<b>Report No.</b> 20080123-7055475	
<b>STREET ADDRESS</b>  		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Thousand Oaks	<b>STATE</b> CA	<b>ZIP CODE</b> 91362-2925	<b>No. of Pages</b> 2

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/22/2008 	California Republican Party  Burbank ID: 810163  CA 91506-1727	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

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# Late Contribution Report

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2 of 2

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Ventura County Republican Party		<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  JAN 24 2008  <b>DEBRA BOWEN</b> Secretary of State 2/2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 742080		Report No. _____  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small> No. of Pages _____
<b>STREET ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
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	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

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misc.

1072

## Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Orange County Employees Association PAC			Date of This Filing 01/24/2008	Date Stamp JAN 24 2008	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (714) 835-3355	I.D. NUMBER (if applicable) 801447		Report No. LCM-80123	in the office of the Secretary of State of the State of California	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 R	
CITY Santa Ana	STATE CA	ZIP CODE 92701	No. of Pages 2	DEBRA BOWEN Secretary of State	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

1 of 2

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Orange County Employees Association PAC			Date of This Filing _____  Report No. _____  <input type="checkbox"/> Amendment to Report No. _____ (explain below)  No. of Pages _____	<div>RECEIVED AND FILED in the office of the Secretary of State of California JAN 24 2008 DEBRA BOWEN Secretary of State 2 / 2</div> <div>CALIFORNIA 497 RECEIVED AND FILED in the office of the Secretary of State of California JAN 24 2008 DEBRA BOWEN Secretary of State</div>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 801447			
STREET ADDRESS				
CITY	STATE	ZIP CODE		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008 	Democratic Party of Orange County  Santa Ana CA 92701 ID: 742006 Ref: <input type="checkbox"/>	Ballot: Dist:	6000.00	
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

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1 of 2

## Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party / v8		Date of This Filing 01/23/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 24 2008 <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA <b>FORM 497</b> For Official Use Only n
REA CODE/PHONE NUMBER 818) 841-5210	I.D. NUMBER (if applicable) 810163	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 0 (explain below)		
CITY Burbank, CA 91506-	STATE	ZIP CODE	No. of Pages 1	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/23/2008	Construction Employers Assoc PAC CA 91506-21 FPPC ID#99062B: 990629	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment:

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Late Contribution Report

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NAME OF FILER California Republican Party / v8			Date of This Filing 01/23/2008	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 24 2008 <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA <b>FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (818) 841-5210	I.D. NUMBER (if applicable) 810163		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. 0 (explain below)		
CITY Burbank, CA 91506-	STATE	ZIP CODE	No. of Pages 2		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
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# Late Contribution Report

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<b>NAME OF FILER</b> Republican Party of Sacramento County			<b>Date of This Filing</b> 01/24/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 24 2008 <b>DEBRA BOWEN</b> Secretary of State 1/2	<b>CALIFORNIA FORM 497</b> For Official Use Only 12
<b>AREA CODE/PHONE NUMBER</b> (916) 925-1850	<b>I.D. NUMBER (if applicable)</b> 910414		<b>Report No.</b> 20080124-7055475		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95825-3364	<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/24/2008 	Taxpayers for Dave Cox-Senate 2008  Fair Oaks CA 95628-6427 ID: 1272611	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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OTH - Other	

Reason for Amendment: \_\_\_\_\_

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2 of 2

<b>NAME OF FILER</b> Republican Party of Sacramento County		<b>Date of This Filing</b> _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  JAN 24 2008  <b>DEBRA BOWEN</b> Secretary of State 212	LATE CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> _____	<b>I.D. NUMBER</b> (if applicable) 910414	<b>Report No.</b> _____		
<b>STREET ADDRESS</b> _____		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP CODE</b> _____		
<b>No. of Pages</b> _____				

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